STD 262 (R						ent on Rev		•			Done				
CLAIMANT'S	1968333300 5						MPLOYEE NU			DEPARTME	Page	3 1	of	1	
Francisc POSITION	o Casti	llo		TORUD AUTME	oen.	Do do ou o				Commu	ınication	S			
Deputy Press Secretary RESIDENCE ADDRESS						DIVISION OR BUREAU					INDEX NUMBER				
						HEADQUARTERS ADDRESS									
												TELEPHONE NUMBER			
CITY		STATE		ZIP		CITY				STATE		<u>L</u>	ZIP		
		_	***												
					MEALS	TRANSP					ORTATION				
MONTH/YEAR LOCATION							INCIDENTALS	COST OF		CARFARE,		CAR USE	BUSINESS	TOTAL	
Jan 10		WHERE EXPENSES WERE INCURRED	LODGING							TOLLS,	PRIVATE				
	· · · · ·	WERE INCORRED	1	BREAKFAST	LUNCH	DINNER	-	TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DA	
17-Jan	5pm	Oak - Burbank	125.52					153.70		23 00	91	40 50		2.42	
18-Jan	5pm	Burbank - Sac			44			1				10 30	1	342	
18-Jan	27	Burburk Sac	-		9	3-16	6 00	212.70			10	4.45	10.55	238	
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SUBTOTALS DLUMN CODE (ACCTG. USE ONL)		125.52	0.00	0.00	4 46	6.00	366 40	0.00	23.00	101	44.95	10 55			
DEOIVIN C	JUDE (A	CCTG. USE ONLY)												
	CLAIM	TOTAL											\$580	00	
RPOSE	OF TRIE	P. REMARKS AND	DETAILS	(Atlach re	ceipls wh	en require	d)			Th	IOBMAL M	ORK HOU		.00	
		First Lady and G						n Nuvs			ONIVIAL VI	OKK HOU!	13		
							7700			P	RIVATEVI	EHICLE LIC	ENCE NUM	ADED	
										ľ	MVAILV	EUIOFE FIC	ENSE NU	NREK	
										L	III FAGE R	ATE CLAIM	ICD.		
										"	0.445	ATE CLAIM	IED		
										F		/ ACCOU	NTING OF	EICE	
REBY CER	RTIFY That	the above is a true staten	nent of the tra	vei expenses	incurred by	me in accorda	ance with DP	A rules in the	service of th	ne State of		USE O		TICE	
		vned vehicle was used an									PAID BY D	EVOLVING FU			
		ed and that I have r				Sections 0750					/Alb BT K	L COLVING FOR	VID CHECK NO	MBER	
aining to ve	hicle safety	and seat belt usa								L	di	405	868		
			_	D	ATE	SI	GNATURE OF	=1		AVFI /	//	0/	ATE		
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	AL	PROCESSES & 251.00%	3									DA	TE / /		
												1	/29/	10	
							=						1-11	U	

See Instructions and Privacy

I KAVEL EXPENSE CLAIM